POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*AW*	*7531*	
O.I.P.E. CLASSIFIER		8	11-15-00
FORMALITY REVIEW	*BD*	67369	1/27
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	...... Rejected	N	...... Non-elected
=	...... Allowed	I	...... Interference
—	(Through numeral)... Canceled	A	...... Appeal
÷	...... Restricted	O	...... Objected

Claim			Date					
Final	Original							
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If more than 150 claims or 10 actions
staple additional sheet here

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